



Montlake Community Center

Located at Meany Middle School, 301 20th Ave E

Miller Community Center, 330 19th Ave E

Hours: MWF 1-9pm. T, Th 10-9pm. Sat 10-5pm.



(206) 684-4736

Contact: klaus.goodrum@seattle.gov

2006 Spring Youth Sport Registration

Welcome to the 2006 Spring Youth Sport Programs! Each program offers a friendly and supportive environment for youths to learn, grow, and play through sports. We invite all ages and abilities to join and experience the excitement. To register please fill out both forms, attach your payment and drop off the packet at the Miller Community Center. For returning coaches and individuals with questions, please email the Sports Director, Klaus Goodrum at the email above.

Please mark the program you are registering for:

Ages	Program	Fee	
<input type="checkbox"/> Ages 4	Nerf Soccer: T-Rex Stompers	\$45	
<input type="checkbox"/> Ages 5-7	Nerf Soccer: Dinosaur League	\$45	
<input type="checkbox"/> Ages 5-17	Track and Field Need copy of birth certificate	\$35	
<input type="checkbox"/> Ages 8-13	Ultimate Frisbee League	\$35	
<input type="checkbox"/> Ages 8-9 10-17	Citywide Girls Softball Need copy of birth certificate	\$35	
<input type="checkbox"/> Yes, I would like to help sponsor a child to play sports by donating \$_____ to the Roger Peter Scholarship Fund.			

Please make checks payable to the "City of Seattle".

Name of Participant: _____

Birth date: _____ Age: _____

Email: (given to coaches only): _____

Jersey Size (circle): Youth Small(6-8) Med(8-10) Large(10-12) Adult Small Med Large XL

If you have any specific request regarding coaches or need a particular practice day, please indicate them below. These are **requests only** and will try to be honored.

Coach: _____ Practice day/time: _____

For office use only

Birth Certificate on File: Yes / No

Class Transaction Number:

Date:

Staff Initial:



YOUTH SPORTS REGISTRATION FORM

Dear Parent or Guardian:

The Seattle Department of Parks and Recreation welcomes your child to our Youth Sports Program. We hope that your child will find the experience rewarding and will develop skills and friendships that he or she will keep for the rest of his/her life.

Your child will be placed on a team based on an assessment by Recreation staff and/or volunteer coaches using the following criteria: safety, skills, and ability. If there are only enough youth to form one team in your child's age division and gender at the desired community center, your child will automatically be placed on that team. The ability of the team is then assessed by Recreation staff and the team is placed for example in the appropriate league, either Gold (competitive), Silver and Bronze (recreational) or House League (recreational skill development).

If there are not enough participants to form a team with your child's age and/or gender classification at the community center where you signed up, you will be given the opportunity to have your child join a team at another community center, join a team in a different age group, or join a team of the opposite gender.

As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the community center where your child is participating. If you do not want to authorize the City to secure medical treatment for your child in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph. Be sure, nonetheless, to complete the "Emergency and Medical Information" section.

Thank you.

COMMUNITY CENTER FILE COPY

Child's Name _____ Parent's Name _____

Age _____ Birth date _____ Sex _____ Telephone _____ Parent's Work Phone _____

Address _____ City _____ Zip _____

School _____ Grade _____

Sport or Activity	Signature of Parent or Guardian	Date
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in a sport or activity of the Department's Youth Sports Program in order to aid you in making an informed decision as to whether or not your child should participate in this athletic activity and requires you to assume its risks. The second section emphasizes obedience to safety rules. The third section gives the Department authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Department important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is your.

I. ASSUMPTION OF RISKS

Injuries to participants in the Youth Sports Program may occur from risks inherent in the sports or activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow game, training, safety or other team rules; from the use of transportation to and from games and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of the City and the Seattle Department of Parks and Recreation permitting my child or ward to participate in its Youth Sports Program, I hereby agree on behalf of my child that he or she will assume the risk of injury or death from participating as outlined above. I release the City, its Department of Parks and Recreation, the Department's employees, advisory councils, and/or volunteers from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the City to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the City, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

IV. EMERGENCY AND MEDICAL INFORMATION

Person to contact in an emergency:

_____			_____
Name			Telephone (Day)

_____	_____	_____	_____
Address	City	Zip	Telephone (Evening/Weekend)

Alternate person to contact in an emergency:

_____			_____
Name			Telephone (Day)

_____	_____	_____	_____
Address	City	Zip	Telephone (Evening/Weekend)

Physician:

_____			_____
Name			Telephone

_____	_____	_____	
Address	City	Zip	

Allergies: _____

Medications: _____

Medical Problems: _____

Insurance Company: _____

Comments: _____

I/We have agreed to assume the risks of participation and the release, given the instruction, authorized immediate medical attention if I/we cannot be contacted, and completed the emergency and medical information.

_____	_____
Signature of Parent or Guardian	Date

Printed Name: _____

Address: _____

Telephone: (Home) _____ (Day/Work) _____

Relationship: _____